

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000047894

Entity Name: BEATA CHIPMAN PHOTOGRAPHY, LLC

Current Principal Place of Business:

3727 FALLON OAKS DR
JACKSONVILLE, FL 32277

Current Mailing Address:

3727 FALLON OAKS DR
JACKSONVILLE, FL 32277 US

FEI Number: 81-1615487

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CHIPMAN, JAMES
3727 FALLON OAKS DR
JACKSONVILLE, FL 32277 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title	MGR	Title	AMBR
Name	CHIPMAN, JAMES	Name	CHIPMAN, BEATA
Address	3727 FALLON OAKS DR	Address	3727 FALLON OAKS DR
City-State-Zip:	JACKSONVILLE FL 32277	City-State-Zip:	JACKSONVILLE FL 32277

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JAMES CHIPMAN

MGR

04/13/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date